

The health of black elderly people from religions of African origin in the combined prevention of HIV/AIDS/STIs



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ABSTRACT

The combined HIV prevention strategies on condoms and lubricating gel for full use in all sexual practices have a biomedical character because they are methods of physical barriers and a behavioral and structural approach. When they are adopted by elderly black women, who are inserted in a context of vulnerability imposed by society, the structural character comprises a set of violence and oppressions, such as machismo and racism, which



hinder and often prevent them from using these inputs. Thus, the objective of this chapter is to highlight aspects of the health of black people of religions of African origin in the combined prevention of HIV/AIDS/STIs. It is hoped that the availability of this knowledge can favor more quality of health care for elderly black people in Ilé

by analyzing the bias of the practice of safe sex with the use of condoms and lubricating gel.

Keywords: Nursing, Educational Technology, Health Education, Health Promotion, Black Elderly Women of Ilé, Sexual Health, HIV/AIDS.

1 INTRODUCTION

In the care of the elderly, comprehensiveness, as a principle of the right to health in the Unified Health System (SUS), encompasses, in its range of applicability, aspects such as the understanding of the demands identified during care, horizontalization of care practices and a broader look at biopsychosocial issues. Comprehensive care should be based on the daily experiences of these people, considering sexuality and their behaviors vulnerable to the Human Immunodeficiency Virus (HIV) and acquired immunodeficiency syndrome (AIDS) and other Sexually Transmitted Infections (STIs). The prevention of these infections should be one of the goals developed at the state and municipal levels, considering the epidemiological magnitude of the increase in the number of cases of infections in the elderly and the degrading effect produced on the infected (SOUZA *et al.*, 2019; BRAZIL, 2021).

The epidemiological trend of the increase in the HIV/AIDS epidemic among the elderly is proven by national surveys in different years. The studies show disparities in the mortality rate in terms of color/race. Thus, to promote actions aimed at the black population, prioritizing HIV prevention, taking into account their social marginalization, stigmatization and suffering with and in the treatment received by specialized public health services, producing and/or enhancing more vulnerabilities both social and in health. According to the National Policy for the Integral Health of the Black Population (PNSIPN), ethnic-racial inequalities and inequities act as determinants of the health conditions of this population (MATSUSHITA; SANTANA, 2001; SOUZA; SILVA; MONTARROYOS, 2007; SOUZA *et al.*, 2019; FRY *et al.*, 2007; BRAZIL, 2013).

In addition to the health area, the emergence of the HIV/AIDS epidemic has caused changes, also affecting the cultural and religious aspects. Leaders of religions of African origin played an important role in advising and caring for their adherents. As a way of coping, they instituted biosecurity measures in certain ritual procedures, welcomed people living with HIV/AIDS and distributed condoms in the terreiros. It is noteworthy in this context that the PNSIPN reinforced, in one of its general guidelines, the recognition of the popular health knowledge and practices of these religions of African origin (BRASIL, 2013).

The adherents of these religions, faced with the involvement of communicable or non-communicable diseases, resort to alternatives for the healing process, considering faith as one of the



main influencers in this search. In the cultural and religious context in which these people are inserted, the belief in a superior being intervenes directly in the healing process (SOARES; CARDOZO, 2018).

Correlating the religions of African origins with the health practices of traditional medicine, it is observed that the care practices of health professionals do not reach the Ilês (Candomblé terreiros), not only because of barriers in communication with health professionals, but also because of the demonization of religion. As a means of trying to minimize this fragility in care, there are adherents who resort exclusively to alternative therapeutic practices in Ilês (BATISTA, 2020).

Returning to the aspect of sexuality, now more specifically among Candomblé practitioners, the lack of dialogue between health professionals and older people about safe sex is one of the weaknesses of health care, corroborating unprotected sexual practices and vulnerable to both curable and non-curable, but controlled infections (BATISTA, 2020).

Contrary to these nonconformities, the PNSIPN emphasizes that the elderly should not suffer discrimination of any kind in the SUS, guaranteeing them stigma-free care, and it is essential to contextualize taboos, discrimination, prejudices, cultural issues, power and gender relations, which weaken the prevention and adoption of safer sexual practices. Assisting the elderly person considering these aspects becomes complex as it involves the perception of vulnerabilities, measures to prevent HIV/AIDS and other STIs, barriers to access, in addition to programmatic barriers in the implementation of a specific line of care.

Considering the fact that there are many elderly people who do not use condoms and lubricating gel in sexual practices, because they link these inputs only to younger people, it is up to health professionals to identify harmful behaviors and develop appropriate behaviors for each case.

When nurses approach HIV/AIDS with the elderly, they stand out for acting as care providers, through individual and collective approaches. Its role in the management of HIV infection is in line with Ordinance No. 2,436, which approved the National Primary Care Policy and established, among other specific attributions, the performance of nursing consultations, procedures, and group activities (BRASIL, 2017).

Combined HIV Prevention (CP) arises from discussions raised as a strategic approach to older people, aligned with national and international guidelines. CP is implemented through the simultaneous use of a variety of prevention approaches, which bring together technologies that can be used and combined for the planning and control of exposures and risks related to HIV transmission. Among the different types of prevention interventions in response to HIV, the following stand out: regular HIV testing, use of lubricant, prevention of mother-to-child transmission, treatment of STIs and viral hepatitis; immunization for hepatitis A and B and HPV; harm reduction programs for users of alcohol and other substances; pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP);



and the treatment of people already living with HIV (BRASIL, 2017; BRAZIL, 2020; SILVA *et al.*, 2021).

It is noteworthy that recognizing the elderly as a priority in the combined HIV prevention strategy is one of the possibilities to reduce their vulnerabilities. Promoting campaigns that encourage the use of penile and vaginal condoms (external/internal), expanding the offer of testing in extramural actions, and encouraging the use and distribution of lubricating gel are fundamental initiatives in the scope of nurses' education and health care (SILVA *et al.*, 2021).

It is noteworthy that health education is a strategy that should be used by nurses in intervention approaches against HIV/AIDS, and should prioritize screening and diagnosis, follow the therapy established by the physician, in what is his/her responsibility, when HIV infection is confirmed, in addition to ensuring privacy, dialogue and welcoming for all. Guidelines for older people need to refer to the concept that safe sexual practices can offer pleasure, making them more attractive (BRASIL, 2020; SILVA *et al.*, 2021).

The fact that it contributes to the practice of nurses in the approach of combined HIV prevention makes it opportune to develop an educational technology in the care-educational context, capable of favoring the development of the health education process in professional praxis. Both health and educational technologies adopted by nurses can favor their professional performance, when they are appropriate to the reality of their professional routine. Such work tools can benefit comprehensive nursing care in the context of safe sex practices with the use of vaginal condoms, penile condoms and lubricating gel in elderly people.

2 RATIONALE

The present study is justified by the need to build a valid educational technology capable of promoting a better quality of life for the black elderly people of Ilê linked to the exercise of positive sexuality; It also aims to promote academic debate on the subject of silenced and neglected issues that affect minority groups. Researching about elderly people in Candomblé will allow us to know, albeit briefly, their ancestry, their forms of self-care and their experiences of sexuality, aspects hitherto forgotten during the practice of health professionals.

It is also noteworthy that this study goes beyond the merely biological view of the exercise of sexuality, overcoming the character of representational contents that address the constituent elements of sexuality, the changes in libido resulting from the aging process, the importance of sexual experiences for them, as well as the negative perception of safe sex practices by society in general.

With all this, we seek possibilities of nursing care for these black elderly people in Ilê in a more comprehensive and, at the same time, individual way, considering that aging occurs in a singular and complex way and does not collectively represent a synonym of functional disability, dependence or



absence of social and sexual experiences. Even in the presence of losses, it is possible to have positive experiences in a successful old age, prioritizing safe sex practices as a strategy to prevent HIV/AIDS.

3 LITERATURE REVIEW

3.1 SLAVE SYSTEM: VIOLATION OF RIGHTS, EXPLOITATION AND SUFFERING

We start from the following understanding: although the theories that preached the superiority of certain groups are unfounded, in practice, this ideology, combined with the slavery period, are still present in people's daily lives, generating overwhelming impacts on minority groups, which includes the number of people belonging to a **social** group, representation in spaces of power, discrimination, violence and lack of rights. The practice of slavery, for a long time, was naturalized among ancient civilizations, the cradle of Western culture. In Ancient Egypt, the pharaohs, by dominating a people, oppressed them and forced them to work for them. In Greece, although the reasons for slavery were not necessarily ethnic, its prisoners were enslaved to death. One of the greatest representations of slavery refers directly to the situation in which black Africans were subjected, deprived of human dignity, imprisoned and surviving the most varied forms of rape. Enslaved black people were not left with at least the possibility or right to make choices about themselves (MOUTINHO; SERNÉGIO, 2016; SOUZA).

The abstraction of the black body deprived these people of their dignity, access to improved living conditions and the possibility of advancement, as well as an infinity of goods. The practice of slavery was considered by a large part of the Brazilian elite as:

"[...] a form, however crude, of the law; a phase of progress; an instrument of civilization, as was the conquest, the *mancípio*, the *glebe*. As an institution, it seems to me to be as respectable as colonization; but far superior in the service it rendered to social development. In fact, in the history of progress, slavery represents man's first impulse towards collective life, the primitive link of communion between peoples. Captivity was the embryo of society; embryo of the family in civil law; embryo of the state in public law" (CARVALHO, 2009, p.284).

The essence of slavery, being a form of violation of human rights, is still perpetuated with voracity in current times, being manifested with refinements of moral cruelty, compromising the possibility of a dignified life. The black population has been left with positions devoid of privilege and underemployment that do not offer labor protection and coverage of rights. These inhumane conditions are fed and reproduced by racism, which over time has been camouflaged and covered up by society, taking on new expressions. Racist discourses preach meritocratic ideology as a way of holding the individual solely responsible for his or her survival (CAMBI; FAQUIM, 2018; SOUZA; CAVALCANTI, 2019). Meritocracy not only legitimizes inequalities, but reinforces a false promise of social mobility and equal opportunities for all individuals.



In the meantime, it is worth mentioning that Brazil was the last country to abolish slavery, and that even though almost four centuries of slavery have passed, its marks still have an impact from an economic, social, cultural, symbolic and material point of view. At the same time, as a result of the slavery period, the ideology of racial hierarchy was constructed. Brazilian society experiences the banalization of life, where, in addition to racial hierarchization, situations of oppression and domination, inequalities, violence, and overexploitation of the black body are perpetuated. Structural racism determines the way of life, production and reproduction of the black population (SOUZA; CAVALCANTI, 2019).

Although the end of legal slavery was legally documented, abolition alone was not a commemorative milestone, considering that it was not accompanied by public policies and structural changes that would allow improvements in living conditions and the inclusion of black workers. Thus, abolition should be considered as part of a historical process of resistance and struggle for freedom and equality, whether through numerous popular revolts, conquests such as the Law of the Free Womb (1871), the Law of the Sexagenarian (1885), or through collective and/or individual forms of payment of manumission (MACHADO; SANTOS, 2022).

On September 28, 1871, the Free Womb Law, also known as the Rio Branco Law, was enacted, decreed by the General Assembly and sanctioned by the Imperial Princess Regent Isabel. The Law determined that the children of enslaved mothers, born after that date, would be free. Although for some the law represented an advance, when the enslaved youth turned 21 years old, because he was forced to pay "debts" to have access to basic needs, he became submissive to the masters of enslaved people, like an enslaved person. In addition, the freed minors remained under the power and authority of the masters to whom their mothers belonged (SANTOS, 2022; MANOEL, 2020).

The premise of freedom was utopian and unattainable, although its approval spurred significant changes, allowing the abolitionist movement to be strengthened. The Act was regarded by those who advocated liberty as:

"[...] Imperfect, incomplete, impolitical, unjust, and even absurd, as it seems to us today, this law was nothing less than the moral blockade of slavery. Its only definitive and final part was this principle: "No one is born a slave anymore." Everything else was either necessarily transitory, such as the consignment of these same naïve men to captivity until the age of twenty-one; or incomplete, such as the forced rescue system; or insignificant, such as the freed slave classes; or absurd, such as the slave master's right to compensation for a policy of \$600,000 for the eight-year-old child he did not let die; or unjust, such as the separation of the child from the mother, in the event of the latter's alienation. This is as to what is provided for in the law; As for what has been forgotten, there would be no end to the index of omissions. In spite of everything, however, the simple fundamental principle on which it is based is enough to make this law the first act of humanitarian legislation in our history" (NABUCO, 2003, p.78).

On September 28, 1885, the Saraiva-Cotegipe Law, known as the Sexagenarian Law, was confirmed in the Senate. In article 3, paragraph 10 of the Law, it was determined that upon reaching



the age of more than sixty years, these enslaved individuals would be free, however this freedom was illusory, as it was linked to precarious living conditions, with the following condition, as compensation to their former master: the length of three more years of work (COLLECTION OF LAWS OF THE EMPIRE OF BRAZIL, 1885; MANOEL, 2020). In addition, due to the precarious living conditions, it was rare for an enslaved black person to reach sixty years of age, considering the premature death of these people, reflected in the low life expectancy.

The Law also defined issues related to the criteria for manumission by the emancipation fund (COLEÇÃO DE LEIS DO IMPÉRIO DO BRASIL, 1885; MANOEL, 2020). The document also required the nationality and value of each enslaved person, which were set out in the Law itself.

Considering that it would be impossible to maintain slavery forever, many of the laws and norms enacted in that period were considered maneuvers by the slave-owning elite to "supposedly free the enslaved gradually, using the veil of gradual transition as an argument" (MANOEL, 2020).

According to the statement of historian Alberto da Costa e Silva, the system of slavery reproduced various forms of violence and oppression of enslaved black people in the country:

"Even in the bigger cities, old habits have resisted the pressure of novelty. Most disappointing of all, the slave system was not touched. And through the streets of Rio de Janeiro, Recife or Salvador, blacks continued to pass through with shackles around their necks and tinplate masks. And to be whipped in the pillory. Much will change for some, and nothing or little for the majority. (...) The country was based on agriculture and cattle raising and, although production for the domestic market continued to grow, what drew the most attention was the large rural property driven by slave labor and focused on export" (COSTA E SILVA, 2012, p. 33).

It was only the Golden Law, No. 3,353, signed on May 13, 1888, that decreed the end of the right of property of one person over another, after the pressures made by England to put an end to slavery. It is reiterated that the signing of this Law was not in a benevolent manner, but rather based on economic and political interests that indicated, as the only way out, the end of slavery (CAMBI; FAQUIM, 2018; SOUZA, 2019).

The Golden Law had only two articles:

The Princess Imperial Regent, on behalf of His Majesty the Emperor, D. Pedro II, informs all the subjects of the Empire that the General Assembly has decreed and she has sanctioned the following law:

Article 1: Slavery in Brazil is declared extinct as of the date of this law.

Article 2: Provisions to the contrary are hereby repealed.

From these historical clippings, it is evident the scrapping of public policies and initiatives that actually guaranteed an improvement in the living conditions of black people. The slave system fostered the deprivation of rights, the deprivation of human dignity and the abstraction of these people's bodies, promoting a cyclical process of dehumanization and objectification.



3.2 RELIGIONS OF AFRICAN ORIGIN AND THEIR RELATIONSHIP WITH THE HEALTH OF BLACK PEOPLE

The 2nd edition of the National Policy for the Integral Health of the Black Population, weaves, within the general guidelines, on the "[...] promotion of the recognition of popular health knowledge and practices, including those preserved by religions of African origins". In parallel to the theme, there are the so-called Peoples of Terreiros, who are people who express the religiosity of African origin, such as Umbanda, Candomblé, Tambor de Mina, Terecô, Jurema, Xambá, Xangô, Batuque and Encantaria. The terreiros - spaces that host the expressiveness of this religiosity, offer welcome and inclusion of their children, in addition to being places for the exchange of knowledge and knowledge. In these religious temples, the teachings have as one of their intentions, the valorization and multiplication of the Afro-Brazilian tradition (BRASIL, 2013; CONCEPTION; MIRANDA, 2022).

In the terreiro, a close relationship is established between the body and its subjects, through emotions, sensations, behaviors and displacement. In these spaces, Afro-Brazilian religions are practiced, marked by resistance and claims in the quest to carry out their cults freely (ROCHA *et al.*, 2020; CONCEPTION; MIRANDA, 2022). The history of the terreiros is marked by revolutions. They are subversive places of settlement, of welcoming the subalternized. These are spaces occupied, above all, by black people who preserve the traditions and ancestry of these people.

In the Candomblé terreiros, the teachings received favor the establishment of a relationship of respect among its followers, reinforce the importance of ethnic-racial values and the acceptance of differences. In these Ilês, as the terreiros are also known, for their activities, there is great educational potential, for propagating knowledge, especially that aimed at valuing Afro-Brazilian culture. In the field of health, the Babalorixás and the Ialorixás (pais de santo and mães de santo, respectively, as they are popularly known) promote the health of their followers and attendees, through consultations with oracles, prescription and performance of liturgical/therapeutic rituals (CONCEIÇÃO; MIRANDA, 2022; MANDARIN; GOMBERG, 2013).

In these religions, the concept of detachment from care is not limited to the presence of disease. There is a global view that considers that the body needs care. For Silva (1994), this treatment is due to the fact that the body is a temple of Gods and Goddesses. The entities use the body of the initiates to provide messages to others who participate in religious meetings.

It is reiterated that when the children of Candomblé resort to religion, what motivates them are not always issues linked exclusively to health and disease, as stated below:

"It is pertinent to state that the search for religion has other motivations besides the solution of problems exclusively related to health-disease processes, such as, for example, comfort and social solidarity. The convergence of expectations acts in line with the worldviews of the adherents and will also be decisive in the search for religious spaces, playing an important role in adhesion (MANDARINO; GOMBERG, 2013, p. 08 – 09).



The appearance of diseases for Afro-Brazilian religions can be interpreted as a possible imbalance or a rupture between the worlds of human beings and the supernatural. What is often diagnosed by official medicine as a physical or mental disorder, for these religions can be considered manifestations of gods and goddesses. Each Afro-Brazilian religion uses procedures to restore the health of the people of the terreiros.

The different interpretations between the triggering factor of diseases for these religions and traditional medicine act as an obstacle to the reestablishment of people's cure. Conventional medicine often detaches the bias from the religion and spirituality of its users during the elaboration of care plans. One of the roots of this failure is the biomedical model of health care. The influence of the Cartesian paradigm on medical thinking resulted in this model, which, in addition to being predominant among health professionals, has a hospital-centric character, centered on the figure of the physician. It is operated in a mechanized and reductionist way and, consequently, incapable of promoting changes in the scenario in which it is incorporated.

Another probable cause of health care inadequacies is religious intolerance towards adherents of religions of African origins. It is surprising that a multifaceted country, such as Brazil, is so recurrent in cases of religious intolerance, configuring itself as a social bottleneck. Much of the health disservice to people who are declared adherents of the religions of origins derives from this intolerance and religious racism that the rituals developed by these people, in these religious spaces, have a demonizing connotation. This distorted view of religious temples creates walls of assistance, preventing many users from even trying or being able to access health facilities.

Article XVIII of the Universal Declaration of Human Rights states that:

"Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change religion or belief and freedom to manifest that religion or belief by teaching, practice, worship and observance, individually or collectively, in public or in private" (Universal Declaration of Human Rights – Art. XVIII).

The care nonconformities are even more intense when it comes to elderly people of African descent belonging to Afro-Brazilian religions. Most black elderly women suffer discrimination and religious intolerance in health care units. They are vulnerable because they receive inadequate care, not legitimizing their ancestry, their understanding of the disease and healing process, in addition to promoting a hostile and sickening environment.

There is a great importance of understanding the elderly black woman in the formation of Afro-Brazilian religions, as they have a vast knowledge about the secret of the orixás, in addition to the influence and respect that elderly women have with their sons and daughters of saints. In Candomblé, for example, when old age arrives, these women are treated differently compared to the treatment they receive outside the ilê (Candomblé terreiro) (FERREIRA; DONATO, 2017). Even so, the terreiros that



welcome these elderly people are not targeted, by health workers, of activities aimed at health promotion; They are devoid of assistance initiatives that contemplate the singularities of this female audience.

The terreiros reflect the cultural plurality of these religions, however, the care practices of health professionals do not reach these places. Many of its visitors resort to the therapeutic practices applied in the islands for temporary or permanent resolution of various health problems, in response to medical practices that are not consistent with the beliefs of these people.

There is a distancing from assertive actions to the children of the ilê, but specifically to elderly black women. Access to health is partial and unilateral, being offered to women who are not part of these religions, culminating in institutional racism, which not only fosters inequalities, but determines who will or will not have access to quality health care.

The scarcity or even the absence of health promotion practices in the terreiros illustrates how racism has a structural character and that it operates globally. This phenomenon underlies and reinforces the scenario of discrimination and exclusion of these black women

It is pertinent to mention that at the beginning of the twentieth century, these Afro-Brazilian religions began to compose the narratives of the main researchers of Afro-Brazilian studies, who had the profile of white men, for the most part, Eurocentric and foreigners. The published studies referred to his excursions through the terreiros and overvalued certain nagô practices and, on the other hand, inferiorized the Candomblés of Bantu origin – Angolan-Congo and also of Caboclo. There are notable gaps in the biography focused on this religious theme resulting from exclusions and racism against its adherents in the country (AWURE, 2020; DANTAS *et al.*, 2018).

Religious racism is easily perceived, for example, in direct attacks on the adherents of these religions, by the fires, stoning and total destruction of the Ilês. Practices like these are linked to hatred against these religions. Its practitioners are violated in the most varied forms of violence, they are disrespected by representatives of the State. The rituals and celebrations performed in the temples are demonized and attacked as being practices of "black magic", making reference to racial bias.

There is no improvement in the quality of life of these elderly black women if there is no harmonious dialogue between health and religion. Health practices need to be based on the conception that the care offered to an individual of a certain religion can be considered sickening to another individual of another religion. Knowing how to contemplate the nuances of religiosity and incorporating care routines free of ethnic-racial and religious discrimination are basic precepts to achieve equal care.

Health professionals need to be taught, even if they are not practitioners of Afro-Brazilian religions, that the Ilês are very rich spaces for the development of health education practices, and that, based on this, they can promote improvement in the living and health conditions for their practitioners.



In these religious temples, not only black elderly women, but above all women, are pillars of these religious expressions and guardians of this ancestral culture and who need to be assisted in an ethical and equitable way, thinking beyond the prevention of diseases, but as a way of minimizing the marks that these women carry from a life of violations and hijacking of their identities.

3.3 COMBINED PREVENTION

Epidemiological data show a significant growth in the HIV epidemic among certain priority groups, such as adolescents and young people, the black population, homeless people, and indigenous people. In addition to the higher risk of acquiring HIV, these groups are often subject to discriminatory practices and stigmatization, in addition to barriers to access to health services (BRASIL, 2021 BRASIL, 2017).

The elderly deserve an even more cautious look when it comes to vulnerability to HIV/AIDS and other STIs, among several reasons, especially because they do not receive information about safe sex, since many health professionals do not even legitimize sexual practice in old age. It should also be considered that many of these elderly people are unaware of the risks of unprotected sexual practice and that they only associate the use of condoms exclusively with younger people.

Guidelines and recommendations for safe sex are still restricted to certain audiences, such as young adults. The supply of prevention methods that offer some degree of protection against HIV and other STIs in sexual relations is limited, and in many cases does not reach the elderly, compromising their autonomy and security, favoring individual vulnerabilities.

In order to reinforce the offer of actions aimed at populations in situations of greater vulnerability to HIV, viral hepatitis and other STIs, Combined Prevention becomes a priority strategy in the guidelines of the national policy to combat these infections (BRASIL, 2021; BRAZIL, 2017).

The São Paulo State Department of Health, through a Guide published in 2016, brought important points about CP, a strategy that should be seen under three aspects (SÃO PAULO, 2016):

1. It is a strategy that combines different behavioral and/or biomedical prevention strategies at different times in the individual's life;
2. It is a prevention strategy that must be agreed with the person who will use it, considering the particularity, reality and possibility of each person, through a dialogued counseling process;
3. It is a strategy based on respect for human rights and people's autonomy, through public policies that guarantee reception, information and access to health services, especially for the most vulnerable people.

In order to increase protection against these infections, it is necessary to understand that different prevention strategies need to be combined and used on a regular basis. Likewise, access to



means of prevention should be guaranteed, such as the collection of condoms at the pharmacy of health services, testing for HIV at various times and services, as well as access to HIV Post-Exposure Prophylaxis (PEP) at night and on weekends in urgent and emergency services. The concept of CP suggests that health care should "refer to the idea of combining different prevention actions, both in relation to the HIV virus and the factors associated with the infection, which is the starting point for its conceptualization" (BRASIL, 2021; SÃO PAULO, 2016; BRAZIL, 2017).

The figure below illustrates the graphical representation of Combined Prevention. In it, it is possible to observe the different forms of approaches to respond to HIV and other STIs: regular testing for HIV; the prevention of mother-to-child transmission; the treatment of sexually transmitted infections and viral hepatitis; immunization against hepatitis A and B; harm reduction for alcohol and other drug users; pre-exposure prophylaxis (PrEP); post-exposure prophylaxis (PEP); and treatment for all people already living with HIV.

Figure 1. Graphical representation of Combination Prevention



These CP prevention strategies have a strong impact on the Brazilian response to HIV/AIDS, other STIs, and viral hepatitis, and have become even more targeted with the incorporation of new technologies, always taking into account the concentrated nature of the epidemic in key populations (BRASIL, 2021).

In the Guide of the São Paulo State Department of Health, already mentioned, some strategies for the prevention of HIV/AIDS and other STIs are listed, namely (SÃO PAULO, 2016):



- **External condoms:** considered an excellent method, their use should be reinforced in health services and their access facilitated to the entire population, especially for the most vulnerable populations. Still, it is worth noting that this is not the only practice to be recommended by health professionals.
- **Internal condom:** better known as a "female condom", this barrier method has a ring that is externalized (outside the vagina during sexual intercourse), thus offering additional protection by covering the external area of the vulva.

It is important to mention the need to encourage the regular use of condoms, risk management, and the adoption of other prevention mechanisms, considering the context of each person's life. In cases of sexual intercourse and condom breakage or non-use of condoms, they should be instructed by a health professional about PEP. In cases of sexual intercourse and exposure to risk situations, or difficulty in adhering to regular condom use, the person should be advised about the alternative of PrEP as a possibility for their partnership (BRASIL, 2021).

- **Lubricating Gel:** it is recommended that the lubricating gel is always water-based, considering that when the oil-based gel can damage the condom, causing breakage during the sexual act and compromising the bias of safe sex. Lubricating gel plays a considerable role in the prevention of sexual transmission of HIV, due to the fact that its use in sexual practices reduces friction and the possibility of causing microlesions of the genital and mucous membranes, which act as a gateway for microorganisms that cause STIs;
- **Agreements:** these agreements between stable couples refer to forms of protection, inside and outside the relationship, where both are tested for HIV and other STIs, considering their immunological window. In case of negative results, both may perform the sexual act without a condom, as long as they commit to using it in case of extramarital relations;
- **Treatment of STIs:** considering that sexually transmitted infections are gateways to HIV, another technology used in prevention is the syndromic approach to STIs. In the presence of these infections, they often associate with and facilitate each other. Thus, treating one or more STIs, in addition to alleviating the damage and progression of the infection, drastically minimizes the risk of HIV transmission or acquisition;+
- **The search for sexual partners:** all those involved in the occurrence of an STI should be targets of intervention. Thus, the management of sexual partners is crucial in any preventive strategy, and is considered one of the targets in the conduct of health professionals. Within the nursing staff, nurses, above all, have an important contribution to coping with STIs.

In summary, the figure below lists the interventions of Combined HIV Prevention.



Figure 2. Combined HIV Prevention Interventions

DIMENSÃO ESTRUTURAL	DIMENSÃO COMPORTAMENTAL	DIMENSÃO BIOMÉDICA
<ul style="list-style-type: none">• Políticas públicas• Arcabouço legal e normativo• Contexto, condições socioambientais e determinantes sociais• Cultura, moral e religiões• Economia, financiamentos, acesso a trabalho e renda• Desigualdades de raça e gênero• Violências• Redução de danos (dimensão legal; criminalização)	<ul style="list-style-type: none">• Informação, Comunicação e Educação• Acolhimento, aconselhamento e autocuidado• Adesão e vinculação• Redução de danos (medidas preventivas adotadas, singularmente, para diminuir riscos e danos associados às práticas)	<ul style="list-style-type: none">• Testes• Insumos de prevenção e redução de danos (oferta de insumos para o não compartilhamento de objetos)• Prevenção da Transmissão Vertical• Imunização• Tratamento de IST• Redução de danos (medidas preventivas adotadas, singularmente, para diminuir riscos e danos associados às práticas)• Tratamento e cuidado integral• Terapia antirretroviral• Profilaxia Pré-Exposição (PrEP)• Profilaxia Pós-Exposição (PEP)

Fonte: DCCI/SVS/MS.

In the illustration, it is possible to see that the interventions aim to achieve the three dimensions identified as factors that contribute to HIV transmission, with the structural dimension encompassing aspects related to the political, social, economic and legal aspects; the behavioral dimension, which encompasses practices, attitudes, conducts, habits, and routines that may result in a potential risk of HIV infection, and the biomedical dimension, which takes into account the interaction of individuals with HIV, in individual and collective practices (BRASIL, 2017).

The poor adherence of the elderly to the regular use of condoms and other strategies to prevent HIV/AIDS and other STIs is an individual vulnerability in this age group. Much of this group's resistance to condom use is due to the fact that these individuals consider only fertility as an indication for its use. Another factor that hinders this adhesion is the lack of agreement between couples. The sum of these factors, in addition to the increase in life expectancy, the greater experience of sexual practice in this group and the lack of guidance from health professionals about safe sex, have contributed to the increase in HIV infection in this population segment.

Efforts are needed to prevent HIV/AIDS in the elderly. Combination prevention interventions need to reach these people, through an approach that promotes changes in sexual practices and behaviors that pose risks. Sexual abstinence cannot be indicated for the elderly as an option for STI prevention. Health professionals, in fact, need to legitimize the experience of sexuality among the elderly and that its practice should be pleasurable and safe, in addition, they need to develop targeted strategies, considering the individual context, acceptance and lifestyle.



4 METHODOLOGICAL PATH

In order to achieve the objective of highlighting aspects of the health of black elderly people of religions of African origin in the combined prevention of HIV/AIDS/STIs, it was necessary to carry out a methodological study using, in a systematic way, the knowledge with a view to creating an educational technology aimed at combined prevention aimed at this public. It is reiterated that the entire construction of the study was based on the recommendations of the National Policy for the Integral Health of the Black Population and the National Policy for the Elderly.

A survey of the literature was carried out to support the development of the construction of the technology, by consulting the library of the Ministry of Health and the database.

To this end, it was decided to develop it in an Afro-Brazilian Cult Terreiro, with the participation of elderly people, self-declared black, who frequent the aforementioned terreiro. The interview with the target audience through a semi-structured script, with questions that guided the interviews, based on the objectives and theoretical assumptions.

To this end, the script was composed of a set of open questions, allowing the elderly to discuss the theme, without, however, being tied to the questions formulated (MINAYO, 2007). To direct the interviews, questions related to the combined prevention of HIV/AIDS were asked

It is reiterated that all research complies with ethical precepts and norms, and was only initiated after consideration by the Ethics Committee of the Federal University of Pernambuco (UFPE).

5 RESULTS

A total of five interviewees participated in the study. The narratives originated from the black elderly people of Ilê reinforced the need to build a technology aimed at combined prevention. The use of this resource shows positive impacts for the elderly, increasing their autonomy and knowledge about the risks of infection.

The use of technologies aimed at this approach can facilitate the relationship between health services and the elderly, improving the scope of care focused on the area of sexual health (HAESLER; BAUER, 2016). Thus, the choice in the development of this type of material was based on research that proves that technologies are adequate to contribute to the health education process, favoring ability, autonomy and adherence to prevention and treatment means (BENEVIDES *et al.*, 2016; TELE *et al.*, 2014).

The narratives pointed to the negligible knowledge of the interviewees about combined prevention. Many of them did not even know about other ways to prevent STIs and HIV/AIDS except through condoms alone.



None of the interviewees were adept at lubricating gel and did not know its functionality, nor the risks of using oil-based gel, for example. Some of them reported not knowing the correct place to pack penile and vaginal condoms, much less how to use these inputs.

During the five interviews, it was observed that regarding non-adherence to condoms, fidelity was indicated in 100% as one of the criteria for this decision. This type of risk behavior, such as lack of adherence to condoms, urgently needs to be modified, as the practice of unprotected sex spreads HIV, increasing contamination in this age group (AGUIAR *et al.*, 2020).

Another important detail evidenced was that the negotiation between sexual partners about the use of condoms was not always harmonious. Considering the fact of a sexist and patriarchal society, in many heterosexual relationships, especially, women end up giving in to their partner's will not to use condoms, out of fear and shame.

When asked about pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), they unanimously claimed not to know about the topic. The lack of guidance on combined prevention was pointed out by almost all of them as one of the reasons for certain risk behaviors, such as poor adherence to condoms, especially internal condoms.

Although Brazil is the country that acquires the most internal condoms (vaginal) in the world and the only one to make them available free of charge (BRASIL, 2017), issues related to the lack of knowledge and strangeness of this input are common among women. In addition, issues related to the morality of female sexuality can interfere with the adherence of this condom, both by the public and by health professionals themselves (FERRÃO *et al.*, 2021).

Unlike the condom for people with penises, the vaginal condom can be placed hours before sexual intercourse, it is more resistant and less sensitive to heat, it can be adapted for oral sex, providing more possibilities. In addition to these advantages, it can provide greater security against STIs, by protecting the vulva portion, configuring itself as an excellent method to be stimulated and guided during routine consultations with the elderly.

In almost all reports, the scarcity of information on the part of health professionals on the theme in question was pointed out, evidencing a fragility of care. Because many health professionals do not validate the experience of sexuality in old age, accurate information about safe sex is not provided, compromising the possibility of the interviewees experiencing new safe sexual experiences.

The timid actions to combat infection in this population reflect the increased risk of contamination. The approaches used in health education actions must be aligned with the reality of each target audience, thus differing between young and old people. Elderly people in Candomblé are not targets of educational campaigns, nor are they guided during health care on the prevention of HIV/AIDS and other STIs (BRITO *et al.*, 2016; CORDEIRO *et al.*, 2017).



By being guided, these people will be able to modify their risk behaviors, as far as they can, adopting safe behaviors. Thus, this research also considers that the construction of tactics that culminate in self-care should be prioritized.

The construction of a technology aimed at combined prevention of HIV/AIDS/STIs can be effective, preserving the privacy of these people, clearing their doubts about their forms of transmission, prevention, in addition to demystifying myths, without them having to verbalize. To this end, it needs to be built in a way that facilitates reading, considering the level of education of the target audience, through accessible language, appropriate content, relevant characteristics and illustrations, helping in the understanding of the text and making the material attractive.

Thus, considering the growth of the elderly population, which ages sexually active, it is necessary to identify the level at which their knowledge is found in the prevention of HIV/AIDS, raising information about their lifestyle habits, attitudes, and sexual behavior (RIBEIRO *et al.*, 2019), so that a technology can be built that results favorably in the aspect of adherence to safe sexual behaviors. Care practices aimed at combined prevention need to reinforce that elderly people relate affectively and sexually, and that, therefore, they need guidance and appropriate care

6 FINAL THOUGHTS

For the terreiro community and the population in general, the realization of this study could contribute, not only to provide guidance on safe sexual practice, or to enable the empowerment of these elderly people by having important information when experiencing sex, but also to promote the debate on silenced and neglected themes that affect minority groups. such as peoples who are adherents of religions of African origin and black elderly people.

The relevance of this study lies in the intention of informing the scientific community, society, health professionals and people of the terreiro about factors that can result in contamination and illness, influenced by the knowledge acquired throughout life and by the perception of risk in the face of infection.

It is intended that the construction of an educational technology can favor more quality of nursing care for black elderly people in Ilê in the sense of combined HIV prevention with the use of condoms and lubricating gel.

Finally, it is also expected that, after the development of this research, health professionals, especially nurses, will be able to visualize the terreiros/Ilês as a fertile space for the development of educational activities together with practitioners of religions of African origins, abandoning discriminatory and segregating practices, making use of an ethical and equitable conduct.



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